

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32095

BIRTH NO. 73530-51		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 3232	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS		c. LENGTH OF STAY (In this place) 12 hrs. 45 min.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARKS HOSPITAL				d. STREET ADDRESS 3429 PARK AVE			
3. NAME OF DECEASED (Type or Print) a. (First) BABY		b. (Middle) CLEMENS		c. (Last) CLEMENS		4. DATE OF DEATH (Month) (Day) (Year) SEPT-22-51	
5. SEX FE		6. COLOR OR RACE W		7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) INFANT		8. DATE OF BIRTH SEPT-22-1951	
9. AGE (In years last birthday) 12 1/2		10. KIND OF BUSINESS OR INDUSTRY INFANT		11. BIRTHPLACE (State or foreign country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME HAROLD CLEMENS		13b. MOTHER'S MAIDEN NAME BERNICE DILLON		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. B		17. INFORMANT'S SIGNATURE OR NAME Mr. Harold Clemens			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  DUE TO (c)		MEDICAL CERTIFICATION Premature for cause the parents Premature separation of placenta		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 22, 1951, to Sept 22, 1951, that I last saw the deceased alive on Sept 22, 1951, and that death occurred at 6:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE H. J. Schumacher		(Degree or title) M.D.		23b. ADDRESS 1120 N. Theatre Bldg		23c. DATE SIGNED 9-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept-51		24c. NAME OF CEMETERY OR CREMATORY CALVARY Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo	
DATE REC'D BY LOCAL REG. 9-24-51		REGISTRAR'S SIGNATURE Robert P. Schumacher		25. FUNERAL DIRECTOR'S SIGNATURE J. Schumacher		ADDRESS 3125 Lafayette Ave	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.